

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

Dr. Frank W. Otto Is Named to State Medical Board

Governor Earl Warren today appointed Dr. Frank W. Otto of Los Angeles as a member of the State Board of Medical Examiners, succeeding Dr. Charles B. Pinkham of San Francisco, resigned after thirty years of state service, most of it as secretary-treasurer of the board.

Governor Warren revealed he has had Doctor Pinkham's resignation since February. Doctor Pinkham, withdrawing from the board at the compulsory retirement age of 70 years for salaried officials, said he feels the need of a rest after three decades of work as the executive member of the medical profession's regulatory agency.

Doctor Pinkham Lauded

The governor sent Doctor Pinkham a letter expressing "the gratitude of the people of our state for your long, honorable and distinguished service."

Doctor Otto will serve out Doctor Pinkham's unexpired term, ending January 15, 1944.

State officials announced Dr. Frederick N. Scatena of Sacramento has been acting as secretary-treasurer of the board.

Doctor Otto, 50, was graduated from the University of Southern California Medical School in 1921. He is the senior attending physician of the Los Angeles County General Hospital, a fellow of the American College of Physicians, assistant clinical professor of medicine at the University of Southern California, past president of the university's alumni association and a member of the council of the Los Angeles Medical Association.—*Sacramento Bee*, October 6.

Governor Warren Appoints Dr. Albert S. Chapman to State Medical Board

Sacramento, Oct. 19 (U.P.).—Governor Earl Warren today announced appointment of Dr. Herbert S. Chapman of Stockton to membership on the State Board of Medical Examiners. He replaces Dr. Frederick De Lappe of Modesto, whose term expired.—*Los Angeles Daily News*.

Industrial Medicine Start Credited to Long Beach Physician

Dr. Andrew M. Harvey, assistant city health officer of Long Beach, was described as "the father of industrial medicine in America" in the leading article of the current issue of *Industrial Medicine*. The 125-page magazine is the organ of the American Association of Industrial Physicians and Surgeons.

The Long Beach official is declared to have been "the first medical director of this country," having been appointed to that position by the Crane Company of Chicago in 1896.

Doctor Harvey left his post in 1937 and came to Long Beach to retire. Here he was recalled to active service a year ago by the need of the city health department for a competent executive trained in public health.

First steps to equip industrial workers with protective glasses was taken by Doctor Harvey, who himself was the founder of the American Association of Industrial Physicians and Surgeons, on whose board of directors he served for many years.

Under his leadership and that of his colleagues, Doctor Harvey recalls the successful campaigns waged for factory safety, the elimination of silicosis as an industrial disease and the introduction in factories of salt tablets for workers, to replace salt lost in perspiration.

Rest periods for women, lunch rooms and shower baths were pioneered by Doctor Harvey and others in the association.

Although little progress in controlling the common cold was made, its spread was prevented by insisting that workers afflicted remain off the job so that others would not be contaminated.

For his work in industrial medicine Doctor Harvey was awarded a degree of doctor of science by Knox University at Galesburg, Illinois.—*Long Beach Telegram*, October 6.

Surgeon-General of U. S. Army Visits Palm Springs

Palm Springs entertained distinguished visitors Tuesday when Major-General Norman T. Kirk, surgeon-general of the Army, visited Torney General Hospital in the afternoon and was guest of honor at a reception that evening at the Officers' Club. General Kirk is at present on a tour of Southern California medical installations.

Accompanied by Colonel Raymond W. Bliss of the surgeon-general's office, General Kirk arrived at Torney Tuesday afternoon at 2:30, where he was greeted by Colonel A. B. Jones, commanding officer of the local institution, and official party. An inspection of Torney followed.

Tuesday night General Kirk and Colonel Bliss were honored at a reception at the Officers' Club. Officers of Torney

General Hospital and their wives and officers of the Twenty-second General Hospital and their wives greeted the distinguished visitors.

Colonel Bliss, who is chief of operations and training of the surgeon-general's office, received notification when in Banning, where the party went after leaving here, that he had been promoted to brigadier-general.

Colonel William B. Shambora, surgeon for the Army ground forces, and Lieutenant-Colonel Harold A. Furlong, surgeon for the Desert Training Center communications zone, accompanied General Kirk on his tour of medical installations.

Interesting Career

General Kirk has had a varied and interesting career in the Army. His first service was at the Soldiers' Home in Washington, D. C., in 1912. Since then he has been assigned to many Army hospitals, including the Walter Reed General Hospital, Washington, D. C. He has completed tours of duty at Johns Hopkins University Hospital in Baltimore and other prominent civilian hospitals. In recognition of General Kirk's service, on May 28, 1943, the Senate of the United States confirmed the President's nomination of him as the surgeon-general of the United States Army.

Noted Authority

General Kirk is recognized as a general surgeon of extremely high capacity, being particularly well known for his work on bone and joint surgery. His volume on "Amputations: operative technique," which appeared in 1924 and which was the result of large experience following World War I, is still a standard textbook. In addition to this book he has written a great many other articles on clinical and operative surgery. General Kirk has been honored by membership in the most selective surgical societies of the United States.—*Palm Springs Desert Sun*, October 8.

Palo Alto Doctor Cited for Service on Guadalcanal

A Palo Alto physician has been awarded the Legion of Merit for exceptionally meritorious service on Guadalcanal, it was announced yesterday by Twelfth Naval District headquarters.

The medical hero is Lieutenant Ferrall H. Moore, 252 Seale Avenue, who, according to his citation, attached to a Marine aircraft wing and was in charge of the evacuation of casualties at Henderson Field, Guadalcanal, from November 30, 1942, to February 4, 1943.

"With outstanding ability Lieutenant Moore reorganized the plan which facilitated the loading and evacuation of patients at the air field," the citation read.—*San Francisco Chronicle*, October 28.

MEDICAL JURISPRUDENCE[†]

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Malpractice: Sufficiency of Evidence to Sustain Verdict Against Physician

A California physician and surgeon was named as defendant in a malpractice action to recover damages for alleged disfigurement and permanent deformity resulting from operations performed on the patient's nose. Judgment was rendered for the plaintiff against the defendant physician in the sum of \$5,000, and on appeal from this judgment in the action, entitled *Soest vs. Balsinger*, 60 A. C. A. 519, the District Court was presented with the question of whether evidence introduced in the trial court was sufficient to sustain the verdict.

The Court ruled on September 13, 1943, that, in a malpractice case, it is not necessary for the plaintiff to demonstrate conclusively and beyond possibility of a doubt that the defendant physician's negligence resulted in the injury to the patient and, further, that the causal connection between the physician's alleged negligent acts or omissions and the alleged damage need not be established with such

[†] Editor's Note.—This department of CALIFORNIA and WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from the syllabi of recent decisions, and analyses of legal points and procedures of interest to the profession.

certainly that any other conclusion is excluded. The judgment in favor of the patient and against the physician was affirmed.

In May of 1940, on advice of two physicians that she needed a submucous resection of the nose in order to relieve severe headaches and difficult breathing, the plaintiff consulted defendant. After examination, defendant operated upon the plaintiff's nose, first applying a local anesthetic, and performed a submucous resection. In addition, he removed a hump on plaintiff's nose and a scar on her forehead. The nose was packed with gauze and, after a week of daily visits to the defendant's office, the packing was removed and infection was discovered.

To relieve the condition resulting from infection, defendant incised both nostrils. In August, defendant performed a second operation on the patient's nose, which was then completely closed because of the infection. Three holes developed in the patient's septum, and in October the plaintiff complained to defendant of these holes, the misshapen rims of the nostrils and other ill-effects of the operations. In November the defendant physician urged plaintiff to submit to a further operation, but she refused owing to her lack of confidence in him. Plaintiff thereupon commenced this action, charging defendant with negligence in the performance of the operation and in her subsequent care. It appeared at the trial that plaintiff's nose was scarred and that there were holes in her septum.

The evidence submitted by plaintiff to support her charge of negligence consisted of testimony of the nurse who assisted at the first operation, to the effect that after the packing was removed the defendant had charged this nurse with a "slip-up" in technique and had blamed her for not sterilizing instruments properly. In addition, plaintiff produced three physicians and surgeons who gave their expert opinions, the first testifying that no surgery should be performed where infection is present (the defendant here had performed a second operation after the discovery of the infection). A second physician testified that he had found three holes in the septum of the plaintiff's nose, and that an attempt had been made to perform a submucous resection to remove a portion of the septum and that the resultant holes in the nose would affect plaintiff's health. He further testified that certain depressions and indentations on plaintiff's nostrils could have been caused by taking away too much tissue in the performance of the operation, and that the correction of the nose would be an extremely difficult thing. The third physician presented by plaintiff testified that perforations in the septum following the submucous resection may be caused "either from perforation of both of layers through and through, perforations at the time of surgery which broke down the circulation and caused the perforation. They may be due to infection either before or after surgery."

On appeal the defendant physician contended that the plaintiff had failed to support her charge of malpractice by sufficient evidence, and cited authorities to the effect that negligence on the part of a physician or surgeon will not be presumed and that it must be affirmatively proved. In the absence of expert evidence it will be presumed that a physician or surgeon exercised the ordinary skill and care required of him in treating his patient.

The Court ruled that the evidence above summarized was ample to support a finding by the jury that the physician did not use that degree of care and skill exercised by physicians in the same locality. Particular emphasis was placed upon the fact that a second operation had been performed after discovery of the infection. Authorities were cited to the effect that the danger of infection from such a field of operation is a matter of common knowledge and that a jury is authorized to draw the reasonable inference of negligence.

LETTERS[†]

Concerning Botulism Antitoxin: Where Obtainable:

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

October 6, 1943

To the Editor:

We would appreciate your giving publicity to the enclosed in *CALIFORNIA AND WESTERN MEDICINE*.

We desire the medical profession to be informed where botulism antitoxin can be obtained.

Very truly yours,

(Signed) MILTON P. DUFFY, *Chief,*
Bureau Cannery Inspection.

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BOTULISM

Keep This for Ready Reference

Cases or suspected cases should be reported at once to the *State Department of Public Health*. All foods suspected of being the source should be held for laboratory examination. Keep opened foods under refrigeration.

Antitoxin for Treatment

Antitoxin for treatment is available and should be administered as soon as botulism is suspected. Antitoxin may be obtained *day or night* from the *Lederle Laboratories, Inc.*

Phone direct to: San Francisco—274 Brannan Street, EXbrook 3730, or DOuglas 6500; Los Angeles—643 South Olive Street, TUCKER 1127.

To be effective, antitoxin must be administered as soon as possible. Use any facilities you can enlist for rapid transportation.

A case of moderate severity may require several ampules, severe cases more. In instances where the costs cannot be met by the individual or the local department, the *Health Officer* is authorized to provide the antitoxin at the expense of the State Department of Public Health. The State Department of Public Health should be notified at once of any such commitment.

Treatment

Antitoxin, one ampule (10,000 units), should be injected intravenously as soon as possible and repeated every four hours until the toxic condition is alleviated. There is considerable evidence the antitoxin is more effective if combined with 5 per cent glucose solution. Intravenous 5 per cent glucose solution may be started before antitoxin is available. General treatment should include rest in bed, avoidance of fatigue, exclusion of visitors, complete evacuation of the lower intestinal tract unless such procedure is too fatiguing, forcing of fluids. Tube feeding may be required. Suction for removal of salivary secretions frequently is necessary. Keep your *Drinker* respirator in mind. Its use is indicated whenever respiratory depression sets in and when respiratory stimulants and oxygen are ineffective.

Prophylaxis

For those who have eaten the suspected food but have not developed symptoms, 1,000 to 2,500 units intramuscularly. If symptoms develop, treat with full therapeutic doses intravenously.

Caution

This antitoxin is made from horse serum. Test for sensitivity.

—California State Department of Public Health.

[†]CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.